



**REQUEST FOR DUPLICATE LEOSA LICENSE**

I hereby request that the Kentucky State Police issue a duplicate Law Enforcement Officers Safety Act (LEOSA) license since my LEOSA license was lost, stolen or destroyed on or about the date listed below.

I certify that I understand the information contained herein is truthful and is executed under oath, and I also understand that the submission of any false information subjects me to criminal prosecution under KRS 523.030.

**PLEASE PRINT**

Applicant Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN (Required): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date Lost/Stolen/Destroyed (Required): \_\_\_\_\_

Check Correct Space (Required): \_\_\_\_ Lost/Stolen \_\_\_\_ Destroyed

LEOSA License Number (Contact KSP CCDW Office if unknown) \_\_\_\_\_

County of Residence (Required) \_\_\_\_\_ Sheriff ORI: \_\_\_\_\_

Applicant Signature (Required): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to and acknowledged before me by the CCDW licensee identified above this \_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_\_ (Year).

\_\_\_\_\_  
*Notary Public, State at Large*

My commission expires: \_\_\_\_\_

Sheriff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_